



Solicitation Information
19 May 05

LOI # B05204

TITLE: Expressive Therapy Dance/Movement Services

Submission Deadline: 6/13/05 at 10:15 AM

Questions concerning this solicitation may be e-mailed to the Division of Purchases at questions@purchasing.state.ri.us no later than 31 May 05 @ **at 12:00 Noon (EDT)**. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at www.purchasing.state.ri.us.

NOTE TO VENDORS:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Department of Mental Health, Retardation, and Hospitals requests letters of interest from qualified firms to provide services for an Expressive Therapy Dance/ Movement Services, as described herein. This solicitation is issued in accordance with the State's General Conditions of Purchase, which is available at www.purchasing.state.ri.us

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- **All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.**
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered. FAXED PROPOSALS WILL NOT BE CONSIDERED. For this solicitation, the official time clock is located in the reception area of the Division of Purchases.
- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401 222-3040). *This is a requirement only of the selected vendor.*

- Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI
- The Offeror should be aware of the State's MBE requirements, which addresses the State's requirement of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator, at (401) 222-6253 or visit the website <http://www.rimbe.org>

BACKGROUND AND PURPOSE

Patients of the Department of Mental Health, Retardation, and Hospitals (MHRH) Eleanor Slater Hospital shall be given the opportunity to receive therapy and care consistent with treatment of their illness. Patients of the Eleanor Slater Hospital typically have chronic medical conditions and/or severe and persistent mental illness that impair their ability to participate in conventional treatment pertinent to communication, recreational and social skills.

MHRH's Eleanor Slater Hospital is seeking to establish Expressive Therapy Dance/ Movement Services for patients requiring extensive treatment and long term hospital care. This program will require the utilization of an agency familiar with the provision of Expressive Therapy Dance/ Movement Services to hospital patients with an array of medical conditions. Provision of care will require interaction with various therapeutic treatment modalities and programs within the hospital as well as the provision of direct patient care. Expressive Therapy Dance/ Movement Services are to be rendered in an acute long-term care hospital setting on multiple units as well as on established central locations.

SCOPE OF SERVICE

MHRH's Eleanor Slater Hospital is seeking an agency to provide Expressive Therapy Dance/Movement Services and related expressive therapies to patients residing at the Eleanor Slater Hospital. The Eleanor Slater Hospital is an acute long-term care hospital servicing patients with severe and chronic physical illness and severe and persistent mental illness. The provision of Expressive Therapy Dance/ Movement Services requires special training and expertise in Dance/ Movement Therapy consistent with certification from the American Dance Therapy Association as well as certification as a registered Expressive Therapist.

Agency Resources

This program calls for an agency with specialized talents and expertise relative to the provision of Expressive Therapy Dance/Movement Services. This agency must have an established history of working with hospital patients, an intricate knowledge of various

physical and mental disabilities and a proven history of utilizing Expressive Therapy Dance/Movement Services to work with patients with severe and chronic medical conditions and mental illness. This agency must also have capacity to provide services on multiple days of the week. Time of service provision is to range from 9:00am through 2:00pm on weekdays for a maximum of 624 hours per year and an average of 12 hours per week. Monitoring of service hours delivered is required as is the ability to generate monthly billing statements connected to the provision of patient care.

Personnel

The specialized nature of this program calls for staff with the necessary skills and abilities to meet the purpose of this Agreement. Agency staffing will need to incorporate one or more individuals capable of providing Expressive Therapy Dance/ Movement Services. Patient populations to be serviced include patients with severe and persistent medical and mental illness.

Services

Service provision will entail working with hospital staff and patients. Service will include provision of Expressive Therapy Dance/ Movement Services and documentation of patient care delivered in individualized treatment plans and progress notes. Maintenance of a schedule of established services offered is required as is the ability to adjust schedules and offerings to changing patient needs.

Expertise

Certification of staff in Expressive Dance/ Movement Therapy by the American Dance Therapy Association is required along with Certification in Expressive Therapy and evidence of providing Expressive Dance/Movement Therapy and allied expressive therapy in a hospital setting. The chosen recipient of this award will give evidence of working with patients and staff and proof of provision of patient care in line with Expressive Therapy Dance/Movement Services with a minimum of five years of experience relative to delivery of services in a hospital setting.

AWARDS:

The total amount to be awarded for this program will be \$21,840 in year 1. Annual funding is capped at 21,840 for the first two years with the potential for cost of living escalation in year 3 depending on competitive costs of service and availability of funding. The amount of the contract will be based on services supplied by the recipient of this award and should represent the equivalent of 624 hours per 12 month period plus supervision and administrative costs. A budget should be included with this Letter of Interest that gives specific information of costs and related expenditures. **Contract will be awarded at an all-inclusive annual rate. Respondents must show that rate in their budget submission. The contract will be issued for a five-year maximum period. The state reserves the right to cancel if funding or program issues arise. The vendor will be given 30 days advanced written notice of the cancellation.**

The proposed contract term is five years from the date of issuance. The State reserves the right to cancel any award, for whatever reason, with 30 days advanced written notice.

MINIMUM QUALIFICATIONS

Applicants must have a five-year history of experience and involvement in a hospital system and an established history of delivering Expressive Therapy Dance/Movement Services and related expressive therapies to patients with chronic medical conditions and severe and persistent mental illness. Agency must include staff with certification in Dance Therapy from the American Dance Therapy Association along with registered certification in Expressive Therapy.

Pre-Submission Questions

Questions concerning this solicitation may be e-mailed to the Division of Purchases in accordance with the terms and conditions expressed on page one of this solicitation.. If computer technical assistance is needed, please call the Help Desk at 401 222-2142, ext 134.

Submissions Due

Responses to this solicitation are due no later than the date and time indicated on page one of this solicitation.

An original Letter of Interest (LOI) plus one copy, and 2 disks, shall be mailed or delivered to the following address with the name and number of this LOI clearly marked on each. Send or deliver to:

**RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855**

NOTE: Responses received after the above-referenced due date and time will not be considered. Responses misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. For the purpose of this solicitation, the official time clock is located in the reception area of the Division of Purchases.

The Letter of Interest shall contain:

Executive Summary

The Executive Summary is intended to highlight the contents of the Letter of Interest and to provide evaluators with a broad understanding of the firm's technical approach and ability.

Include in this section the completed and signed RIVIP Bidder Certification Cover Form, downloadable from the website at www.purchasing.ri.gov. Computer questions may be directed to help Desk at 401 222-2142, ext 134

Consultants Organization and Staffing

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each as well as resumes, curricula vitae, or statements of prior experience and qualification.

Previous Experience and Background

This section shall include the following information:

- A comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects,
- Ability to meet the qualifications.

Ability to meet qualifications

This section shall include the consultant's presentation on its ability to meet the qualifications listed in this solicitation.

Budget / Cost Proposal

A budget should be included with this Letter of Interest that gives specific information of costs and related expenditures. Contract will be awarded at an all-inclusive rate incorporating hourly cost for delivery of services. Respondents must show that rate in their budget submission.

Disks / CDROMs

Two copies of the offeror's complete response to this solicitation is requested in an **electronic format**: CDROM or disk, in Microsoft Office or PDF file formats. The electronic files should be identical to the original hard copy submission. In any variance between the hard copy and the electronic file, the original hard copy takes precedence

Evaluation for Final Consideration

Evaluation of responses will be based on evidence of:

1. Past and ongoing provision of an Expressive Therapy Dance/Movement Services in a hospital setting (10%).
2. History of involvement with patients with chronic medical illness and severe and persistent mental illness (10%).
3. Established connections and access to hospital programs and/or facilities providing therapeutic recreational activities (10%).
4. Capacity to develop Expressive Therapy Dance/Movement Services and allied expressive therapy schedules to meet special patient needs (10%).
5. Personnel with education and experience in Expressive Therapy Dance/Movement Services with certification by the American Dance Therapy Association and registered certification in Expressive Therapy (10%).
6. Proven ability to monitor and document delivery of Expressive Therapy Dance/Movement Services and related expressive therapies (10%).
7. Proven ability to coordinate services and work with allied hospital staff (10%).

8. Proven ability to deliver services on multiple days of the week with range of services to extend from 9:00am to 2:00pm with focus on weekday mornings extending from Tuesday through Friday.
9. Capacity to deliver a minimum of 624 hours of service over a 12-month period and ability to bill in accordance with services provided (10%)
10. Submission of a cost proposal not to exceed \$21,840 for provision of 12 months of service (10%).

A Selection Committee will evaluate submitted proposals on the basis of the above criteria items. Respondents *may* be invited to appear before the Committee for in-person presentations. The Selection Committee will then make a recommendation to the State Purchasing Agent, or his designee, who will make the final award decision.

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all responses, and to award in its best interest.

Responses found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State reserves the right to reject any or all responses submitted and to waive any informalities in any vendor's